

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/719825** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		12					52						
4		⊕ 1					53						
5		⊕ 1					54						
6		⊕ 1					55						
7		⊕ 1					56						
8		⊕ 1					57						
9		⊕ 1					58						
10		⊕ 1					59						
11		⊕ 1					60						
12		⊕ 1					61						
13		21					62						
14		1					63						
15	1						64						
16		1					65						
17		⊕ 1					66						
18		⊕ 1					67						
19		⊕ 1					68						
20							69						
21							70						
22							71						
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40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	18						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS